

TOWN OF TROUTMAN AUTOMATED DEBIT SERVICE

I (we) hereby authorize the Town of Troutman to initiate debit entries to my (our) checking account indicated below at the depository institution named below. This authorization is to remain in full force and effect until the Town of Troutman has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Town of Troutman and the depository institution a reasonable opportunity to act on it. If I (we) should change the depository institution, I (we) agree to give the Town of Troutman a 30 day written notification so that steps can be made to change internal procedures.

Name(s)_____

Depository Name(s)_____ City_____ State_____

Routing Number _____ Account Number _____
(Located at the bottom left side of your check) (Located at the bottom right side of your check)

PLEASE ATTACH A VOIDED CHECK TO THIS ENROLLMENT FORM. (THIS VOIDED CHECK WILL BE KEPT CONFIDENTIAL.) VOIDED CHECKING DEPOSIT TICKETS ARE NOT ACCEPTABLE. THIS PROCESS TAKES APPROXIMATELY 60 TO 90 DAYS.

JOINT CKING ACCT. REQUIRES BOTH SIGNATURES

SIGNATURE

DATE

SIGNATURE JOINT CKING ACCT

DATE

Required Information:

Account Number to be debited: _____

Service Address: _____

****CANCELLED CHECK REQUIRED**